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**ProPat, L.L.C.**

**Fax**

<b>To:</b>	USPTO Attention: Mamie P. Person	<b>From:</b>	Claire Wygand for Cathy Moore Phone: (704) 365-4881 Fax: (704) 365-4851
<b>Fax:</b>	(571) 270-9985	<b>Pages:</b>	5 pages total Facsimile cover sheet (1 pg) Transmittal form sent 8/24/06 (1 pg) Request for Withdrawal sent 8/24/06 (1 pg) Auto-Reply Facsimile Transmission (1 pg) Transmittal Confirmation Report (1 pg)
<b>Phone:</b>		<b>Date:</b>	October 20, 2006
<b>Re:</b>	Application No. 10/549,606 Filed September 20, 2005 Our Ref.: 03/026 Virofem	<b>CC:</b>	

Dear Ms. Person,

Per our telephone conversation this morning, attached are the documents as indicated above. As we discussed, the submission of documents sent August 24, 2006 have not been entered on the PAIR System as of yet. Please process the documents so that the submission appears on the PAIR System. Thank you you're your assistance with this matter.

Respectfully submitted,

*Claire Wygand*

Claire Wygand

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/549,606
	Filing Date	September 20, 2005
	First Named Inventor	Ralf Hilfrich
	Group Art Unit	
	Examiner Name	
Total Number of Pages In This Submission	2	Attorney Docket Number 03/026 Viroferm

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks:	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for withdrawal as attorney or agent and change of correspondence address

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	ProPat, L.L.C. 425-C South Sharon Amity Road Charlotte, NC 28211-2841
Signature	<i>Cathy Moore</i>
Date	August 24, 2006

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Typed or printed name	Claire Wygand		
Signature	<i>Claire Wygand</i>	Date	8/24/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PROPAT LLC		Fax: 7043654851		Aug 24 2006 10:19		P.01					
<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>				Application Number: 10/548,808 Filing Date: September 01, 2005 First Named Inventor: Paul H. Hirsch Group Art Unit: Examiner Name: Total Number of Pages in This Submission: 0 Attorney/Agent Number: 03/036 Vireum							
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendments / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Request for Withdrawal/Rejection <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Office Action <input type="checkbox"/> Response to Interview Request <input type="checkbox"/> Response to Interview Request (under 37 CFR 1.102)				<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation/Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> IDS, Number of IDS(s): <input type="checkbox"/> Remarks:				<input type="checkbox"/> When All Applicable Communications to the Office <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appellate Review, Board Appeal, etc.) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> OTHER (DESCRIBE) (Please identify below): NO CHANGE OF CORRESPONDENCE OF ADDRESS OR CHANGE OF CORRESPONDENCE ADDRESS			
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